

MARTHA COAKLEY
ATTORNEY GENERAL

THE COMMONWEALTH OF MASSACHUSETTS OFFICE OF THE ATTORNEY GENERAL

FAIR LABOR DIVISION
ONE ASHBURTON PLACE
BOSTON, MASSACHUSETTS 02108

(617) 727-2200
(617) 727-3465 HELPLINE
WWW.MASS.GOV/AGO

Non-Payment of Wage and Workplace Complaint Form- Page 1

Please provide as much information as you can on this form and mail it to the above address.

Employee Information

First name _____ Middle name _____ Last name _____

Social Security Number* _____ Date of birth _____ Gender **M** _____ **F** _____
(month/day/year)

Current mailing address _____

City _____ State _____ Zip _____ Email _____

Home phone _____ Cell phone _____

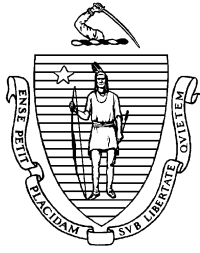
Emergency contact name and phone _____
(friend / family member who can reach you)

Mailing address _____ City _____ State _____ Zip _____

Start date of employment _____ End date of employment _____
(month/day/year) (month/day/year)

Please Read: Under most circumstances, the text of your complaint will be considered a public record and be available to any member of the public upon request. In response to such a request, we generally will not disclose your name, address, phone number, or any other information that identifies you and will not disclose this form in response to any request that specifically seeks the complaint you submitted. Your record in its entirety may, however, be disclosed to law enforcement and regulatory agencies who may assist in resolving your complaint.

**Providing a Social Security Number is voluntary. It will aid in processing your complaint, but we will proceed without one.*



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Non-Payment of Wage and Workplace Complaint Form- Page 2

Name of Employee: _____

Do you speak English? **Yes**____ **No**____ What language would you prefer we contact you in? _____

What type of work did you perform? _____

Name of employer _____

Are you currently working for this employer? **Yes**____ **No** ____

If applicable, reason for end of employment? **Quit**____ **Discharged** ____

Did you sign a contract with the employer? **Yes**____ **No**____

Is an attorney representing you? **Yes**____ **No** ____

Has a community organization or union helped you file this complaint? **Yes**____ **No**____

If yes, please provide name(s) of the attorney, organization, or union; as well as a contact person, address, and phone number. _____

Did you ask to get paid the wages you are owed? **Yes**____ **No**____

If yes, what was the employer's response? _____

Have you taken any other action against the employer regarding this problem? **Yes**____ **No** ____

If yes, please explain. _____

An employer does not have the right to threaten, discriminate, or retaliate against you because of your efforts to collect wages. If this has happened to you, please explain. _____



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Non-Payment of Wage and Workplace Complaint Form- Page 3

Employer Information. Please provide as much information as you can.

Company name _____

Other business name(s) used by employer _____

Company address _____ City _____ State _____ Zip _____

Company owner/president name _____ License plate number(s) _____

Owner/president home address _____ City _____ State _____ Zip _____

Owner/president phone (workplace, cell, and/or home) _____

If known, total number of employees in company _____ Local manager/supervisor name(s) _____

City/town(s) where work was performed _____

Reason for Filing Complaint. Check all that apply and provide details below. If you are not sure which category applies, just describe your situation below.

☐ Minimum wage violation

☐ Meal period violation

☐ Child labor

☐ Non-payment of wages

☐ Overtime pay violation

☐ Unpaid commissions

☐ Vacation pay violation*

☐ Sunday overtime/holiday pay

☐ Failure to provide personnel records

**If possible, please attach a copy of the company vacation policy.*

☐ Other _____
(specify "Other")

Time period of violation(s) is from _____ to _____.
(month/day/year) (month/day/year)

Your most recent rate of pay? \$_____ per **hour** or **week** (circle one) Total amount owed? \$_____

Please provide **detailed** information about what happened and what you are owed. _____

CERTIFICATION:

I hereby certify that, to the best of my knowledge and belief, this is a true and accurate statement of the facts about my complaint.

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Signature

PRINT your name

Date signed